



Tax Department
200 South Hamilton Road
Gahanna, Ohio 43230-2996

REQUEST FOR AUTOMATIC EXTENSION OF TIME TO FILE INDIVIDUAL INCOME TAX RETURN

Social Security No. (Enter below)

Mr.:

Mrs.:

Miss:

Occupation:

If name or address is incorrect, make necessary changes

PLEASE NOTE: File this form with the City of Gahanna on or before the due date of the return and pay any amount you owe. **THIS IS NOT AN EXTENSION OF TIME TO PAY YOUR TAX.**

I request an automatic 4 month extension of time to file the City of Gahanna Individual Income Tax for the tax year ending _____.

Total Gahanna tax liability. This is the amount you would expect to enter on line 5 of the Gahanna Tax Return. If you do not expect to owe tax, enter zero (-0-) \$ _____

Credits:

(A) Gahanna Tax Withheld by Employer(s) \$ _____

(B) Payments and Credits on 2003 Declaration of Estimated Tax _____

(Credits Must Be Pro-rated If Part-Year Resident)

(C) Credit Allowed for Tax Paid Other Cities whose Tax Rate is 1½% or More _____

(See Instructions)

(D) Credit Allowed for Tax Paid Other Cities whose Tax Rate is Less than 1½% _____

(See Instructions)

(E) Other Credits _____

(F) Total Credits _____

Balance Due (Remittance Payable to the City of Gahanna Must Accompany this Return

In Order To Receive Extension.) \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and, if prepared by someone other than the taxpayer, that I am authorized to prepare this form.

Signature of Taxpayer _____ Date _____

Signature of Spouse _____ Date _____

Signature of Preparer _____ Date _____

Instructions: Use this form to request an automatic four month extension from the due date of the return. To receive the extension you must:

1. Complete form correctly, and
2. File it by the DUE DATE of your return, and
3. Pay all of the BALANCE DUE

We will contact you only if your request is denied.



VISA/MasterCard/Discover Accepted

Account # _____

Expiration Date _____

Signature _____

This form does not extend the time to pay taxes. If you do not pay the amount due by the regular due date, you will owe interest and penalty. There is also a failure to file penalty of \$25.00 that can be assessed.